REVIEWS OF BOOKS.

RÖNTGEN-RAY DIAGNOSIS AND THERAPY. By CARL BECK, M.D. New York and London: D. Appleton & Co., 1904.

The author's aim in preparing this work has been to demonstrate how the Röntgen rays can best be utilized in medical and surgical practice.

The great importance of using a compression diaphragm in the production of good skiagraphs is emphasized. The diaphragm used by Dr. Beck is simple and practical, and by its aid it is possible to bring out structural details on a plate much more clearly than without it.

The author has added much to our knowledge of the usefulness of the rays in the diagnosis of biliary and renal calculi. A careful study of his results demonstrates more clearly than ever the necessity of using the very best coil and tubes if one expects to accomplish anything in this branch of the work. The characteristics of a reliable renal skiagraph, the author states, are that it shows the outlines of the psoas muscle, and the lower ribs, and the structure of the transverse processes. If they show distinctly, a calculus which is not smaller than a pea would necessarily also leave its shadow on the plate.

The chapters on Fractures and the Operative Treatment of Deformed Fracture as indicated by the Röntgen rays are especially valuable.

The illustrations throughout the book are most excellent and are well chosen. The work itself is very practical in that the subject has been treated from a strictly clinical point of view.

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some instances it is a question of too much ether and too little undershirt. It is the common failing of hospital residents to give too little ether at first, when a great deal is needed, and too much afterwards. When patients are overloaded with ether, particularly if in the Trendelenburg position, it is little wonder that they contract pulmonary congestion, pleurisy, and pneumonia. It is the practice in many hospitals to take off the underclothing of new patients and give them only a night-shirt of thin muslin that is open in the back. The patient is then operated upon, given too much ether during the operation, and afterwards taken to a ward where the beds are placed with the head towards and under the window. Such practice is responsible for some cases of pulmonary complication. Too little thought is given to the care of the patient before and after operation. It is customary to combat these shock-producing agencies by infusing saline solution. The practice of putting salt solution into a vein at the bend of the elbow is becoming entirely too much of a fashion among hospital residents.

Dr. Joseph Spellissy, apropos of the reference of Dr. McReynolds to the unsatisfactory results from the use of the electric pad during operations, said that one had been used at the University Hospital, in the service of Dr. Willard, during the past five years. The appliance has given a great deal of comfort and is efficient in keeping the patient warm. No burn of a case has occurred, and many patients have undoubtedly been much benefited by its employment.

Dr. Richard H. Harte referred to the scrupulous care exercised by the late Dr. Ashhurst in keeping his patients covered during and after operation as an effective means of preventing complications. Certain surgeons in the West are reported as having ceased to employ ether anæsthesia because of the frequency with which it is followed by pneumonia. That such results can be attributed to ether is not borne out by his own experience, as he does not lose cases from postoperative pneumonia. He is very careful to keep his patients covered, and this unquestionably has its effect in preventing complications. Hospital residents are often careless in such matters, and the routine of admission in many hospitals is to take off the patient's flannels, bathe him, and put on him a thin muslin shirt. This cannot help but cause a tendency to take cold. Patients will not get pneumonia if they are carefully looked after before, during, and after operation. The intravenous

injection of salt solution is a very good thing in many instances, but its use is at times abused.

DR. JOHN B. DEAVER concurred with the statements of Drs. Roberts and Harte. Regarding the shirts worn by hospital patients, he fought out that question years ago, and now it is a standing rule in the German Hospital that every patient dons a flannel shirt, and wears it to the operating room if operated upon. Dr. Deaver has never used the electric mattress, but employs the hot-water bed for all cases of operation upon the upper abdomen, as gall-bladder and stomach cases. Burns from this appliance will not occur if reasonable care be used. In the classes of cases mentioned, the arms, chest, and lower extremities are before operation enveloped in cotton and bandaged. With all these precautions, pneumonia may develop. Often too much ether is given. He watches the anæsthetizer. He is often asked how he manages to do this, but it is part of a surgeon's duty. Everybody in the operating room should be watched. Dr. Deaver never allows the use of any anæsthetic but straight ether, opposing the use of nitrous oxide, and other combinations, to the extreme. There is one trouble with many trained nurses, and that is that they kill people with fresh air; opening windows in the operating or recovery room may easily cause a fatal complication. Saline infusion has its place, but only trained house physicians should be allowed to use it. Air will not enter the vein if proper precautions are observed. Infusions are seldom called for except in cases of hæmorrhage. As to the statement made regarding dry hands and instruments, dry surgery is preferable to wet surgery in every instance. Shock comes from prolonged operations. It is no wonder that patients die after hysterectomy lasting two hours or longer; when fifteen to thirty minutes should suffice, as a rule. The patient is necessarily overetherized in long operations. The hot-water bed is not used to prevent shock but to prevent complications in the thoracic cavity. We hear much about shock from loss of blood, but unnecessary manipulation of the abdominal contents is a more fruitful source. In answer to a question of Dr. Taylor as to whether his patients had backache after being on the hot-water bed, and if he attributed this to the heat or to the surface of the bed fitting the inequalities of the patient's body, Dr. Deaver said that nearly all his patients complained of backache after abdominal operations, but he had never thought of the bed as being the cause.

DR. JAMES K. YOUNG endorsed what had been said in favor of the electric mattress. No shock has occurred among the children operated upon in the University Hospital since it has been used. Prior to its use, four children were severely shocked, apparently from cold during operations. Recently, while performing a double astragalectomy in another hospital, the lack of the mattress was forgotten for the time, and the patient became severely shocked, although the etherizer reported his condition good after one side had been completed. No burns by the mattress have occurred. Dr. Young believes that some of the burns reported from the use of the mattress are due to the combination of solutions used to wash the patient,—alcohol, green soap, etc. These run under the patient and then on the mattress, and burns result.

DR. JOHN H. GIBBON, in speaking of the effect of air entering the vein while saline solution is being given, related a personal experience met with at West Chester during the past year. The infusion was being given hurriedly after an operation for a perforated gastric ulcer. The salt solution was allowed to run through the nozzle before it was introduced into the vein, but afterwards, through the glass coupling in the tube, a considerable amount of air was seen to pass into the vein. Some untoward result was at once expected, but no bad effect upon the patient was noticed. Dr. Gibbon has heard of the same thing occurring in the experience of other surgeons, and, while he would not consider it advisable to relax every care to prevent the passage of air into the veins, he thinks the danger of this occurrence may have been exaggerated.

DR. HENRY R. WHARTON said that he formerly used the electric mattress and found it of service in combating shock. One patient afterwards had an immense slough eight inches in diameter over the buttocks, however, and since that time he has been very careful in its employment.

INGUINAL HERNIA OF THE UTERUS.

DR. JOHN H. JOPSON read a paper with this title, for which see page 98.

DR. JOHN B. DEAVER put on record a case of strangulation of the fimbriated extremity of a Fallopian tube of the right side, which was thought to be a femoral hernia.

DR. JOHN H. GIBBON described briefly a case of left femoral hernia in a woman of seventy years, operated on by him at the

Pennsylvania Hospital. The patient had been operated on some years previous, the later condition being a recurrence. When the sac was opened, it was found to contain the cæcum, with the appendix, the ascending, transverse, and descending colon as far as the sigmoid and the entire omentum. He had previously reported two left cæcal hernias, this making the third. The patient made a good recovery, and had no return of the hernia when she left the hospital. Transposition of the viscera was not present in any of these cases. The two reported cases were left inguinal herniæ.

Dr. Henry R. Wharton mentioned the case of a woman who was thought to have incarcerated omentum in a right inguinal hernia. She was then four or five months pregnant. Operation revealed the contents of the sac to be a pedunculated fibroid of the uterus This was removed and the patient went to full term.

Dr. Jopson said that where a hernia of the Fallopian tube was present it was also possible to have hernia of the ovary. He had at first but little hope of curing this patient's hernia, but there were no signs of recurrence several weeks after the operation. There apparently never had been a hernia of the bowel. In answer to a question by Dr. Ross, Dr. Jopson stated that at the time of operation one could not say if the hernia was direct or indirect, but, judging from the history, it was probably congenital and indirect.